

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
 05-13-2000 90007 007 ***158.75

DOCUMENT # P95000030948

1. Entity Name
AMNA HOME CARE, INC.

Principal Place of Business 1790 49TH STREET #211 HIALEAH FL 33012	Mailing Address 1790 W 49TH STREET #211 HIALEAH FL 33012-2916 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0579951	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
LOPEZ, ANA M
1790 W 49TH STREET #211
HIALEAH FL 33012

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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ii. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
PT	LOPEZ, ANA M	1790 W. 49TH ST., SUITE 201 HIALEAH FL			
VS	ARMAS, ALEIDA M	1790 W. 49TH ST., SUITE 201 HIALEAH FL	VS	ILIADA VILLAGRA	1790 W 49 ST. #211 Hialeah FL 33012
T	RODRIGUEZ, CLOTILDE	1790 W. 49TH ST., SUITE 201 HIALEAH FL			
T	AGUERA, MAYDA	1790 W. 49TH ST., SUITE 201 HIALEAH FL			
S	LOPEZ, JEANNEL	1790 W 49TH STREET #201 HIALEAH FL 33012			
T	ARAGON, JOSE	1790 W 49TH ST #211 HIALEAH FL 33012			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Jose Aragon* President 05/28/00 305-972-0706
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)